

RETURN FORMS TO THE ACTIVITY CENTER AT BOHRER PARK

FOREVER SISTERS SUPPER CLUB

HIBACHI BUFFET

March 6, 2019

3:00 - 4:30pm

Activity Center at Bohrer Park

506 S Frederick Ave, Gaithersburg, MD 20877

Transportation provided to/from dinner & winter lights

Forever Sisters (Grades 9-12)

FREE!

Must be in Forever Sisters to attend.

Maura Dinwiddie

301-258-6350

Maura.Dinwiddie@gaithersburgmd.gov



Forever Sisters is having an after school supper club at Hibachi Buffet Supreme Buffet at Diamond Square.

Students must be active Forever Sisters members & attend weekly meetings go.



Forever Sisters Supper Club 3.6.19

☐ Check here if new address/phone since last time registered.

Parent's Last Name _____ Parent's First Name _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____ City Resident ☐ Nonresident ☐

Email _____

Participant's Name	M/F	Birthdate	Activity	Location	Grade	School
	F		Supper Club	ACBP		

I hereby grant permission for me/my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for my/my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by me/my child or any injury sustained in the program. I also consent to the City's use of any photographs and/or video tapes made of the program.

Print Parent/Guardian Name

Signature of Parent/Guardian

Does your child have any allergies, medications or conditions that may affect participation in the program? **Y** ☐ **N** ☐

Please specify: _____

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made at least three weeks prior to the start of the program. Call 301-258-6350 to indicate what accommodations are needed.

Amount Paid \$ ____ n/a _____ Cash ☐ Check # _____

Visa/MC/Disc/Amex# _____ Exp. ____/____

Signature (name on card) _____

Print Name _____

Office Use Only: # fwd to Maura

Rec'd: _____ Initials _____

W P M F Resident: Y N

Pr: _____ Date: _____